

Permit #: 20102

Date Issued: 1-16-96

County: Bates

Date Cancelled: _____

CONFIDENTIAL UNTIL: _____

Date Plugged: 1-17-96

COMMENTS:

OGC FORMS	Date Received
1	
2	
3	1-24-96
3i	
4	
4i	
5	
6	
7	2-1-96
8	
11	
12	
Misc. Form 2	

	TYPE	ID #	Date Received
Logs			
Samples	chip		
	core		
Analyses	water		
	core		
Additional Submitted Data:			

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

APPLICATION TO DRILL ☐DEEPEN ☐PLUG BACK ☐for an oil well ☐or gas well ☐

Hydrocarbon Test X

NAME OF COMPANY OR OPERATOR

Town Oil Co.

DATE

1-16-96

16205 W. 287 St.

Paola

Kansas 66071

Address

City

State

DESCRIPTION OF WELL AND LEASE

Name of lease

Laughlin

Well number

3

Elevation (ground)

855

WELL LOCATION

300

(give footage from section lines)

ft. from ~~XX~~ (S) sec. line

300

ft. from (E) ~~XX~~ sec. line

WELL LOCATION

Section 26

Township 39

Range 33

County

Bates

Nearest distance from proposed location
to property or lease line:

N/A

feet

Distance from proposed location to nearest drilling,
completed or applied for well on the same lease:

N/A

feet

Proposed depth:

75

Drilling contractor, name & address

Town Oil Co.

Rotary or Cable Tools

Rotary

Approx. date work will start

1-16-96

Number of acres in lease:

120

Number of wells on lease, including this well,
completed in or drilling to this reservoir:

0

Number of abandoned wells on lease:

0

If lease, purchased with one or more
wells drilled, from whom purchased:

Name

N/A

No. of Wells:

producing 0

injection 0

inactive 0

abandoned 0

Address

Status of Bond

Single Well ☐

Amt.

Blanket Bond ☒

Amt.

\$60,000

☒ ON FILE☐ ATTACHEDRemarks: (If this is an application to deepen or plug back, briefly describe work to be done, giving present
producing zone and expected new producing zone) use back of form if needed.

N/A

RECEIVED

JAN 24 1996

MO Oil & Gas Council

Proposed casing program:

N/A

Approved casing -- To be filled in by State Geologist

N/A

amt.

size

wt./ft.

cem.

amt.

size

wt./ft.

cem.

I, the undersigned, state that I am the _____ of the _____ (company),
and that I am authorized by said company to make this report, and that this report was prepared under my supervision and direction and
that the facts stated therein are true, correct and complete to the best of my knowledge.

Signature:

Luther Town

Permit Number:

20102

☒ Drillers log required☒ Drill stem test info. required if run

Approval Date:

1/16/96

☒ E-logs required if run☐ Samples required

Approved By:

James H. Wilson

☒ Core analysis required if run☐ Samples not requiredNote. This Permit not transferable to any other
person or to any other location.Remit two copies to: Missouri Oil and Gas Council
P.O. Box 250-Rolla, Mo. 65401
One will be returned for driller's signatureWATER SAMPLES REQUIRED ☐Approval of this permit by the Oil and Gas Council does not constitute endorsement of the geologic merits of the
proposed well nor endorsement of the qualifications of the permittee.



MISSOURI DEPARTMENT OF NATURAL RESOURCES
MISSOURI OIL AND GAS COUNCIL
PLUGGING RECORD

FORM OGC-7

OWNER Town Oil Co.		ADDRESS 16205 W. 287 St. Paola, KS. 66071	
NAME OF LEASE Laughlin		WELL NUMBER 3	PERMIT NUMBER (OGC-3 OR OGC-31 NUMBER) 20102
LOCATION OF WELL 300' FSL 300' FEL		SEC-TWP-RNG OR BLOCK & SURVEY 26-39N-33W	COUNTY Bates
APPLICATION TO DRILL THIS WELL WAS FILED IN NAME OF: Town Oil Co.	HAS THIS WELL EVER PRODUCED OIL OR GAS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CHARACTER OF WELL AT COMPLETION (INITIAL PRODUCTION) OIL (BBLS/DAY) N/A GAS (MCF/DAY)	
DATE ABANDONED 1-17-96	TOTAL DEPTH 37'	AMOUNT WELL PRODUCING PRIOR TO ABANDONMENT OIL (BBLS/DAY) N/A GAS (MCF/DAY)	WATER (BBLS/DAY)
Name of each formation containing oil or gas. Indicate which formation open to well bore at time of abandonment. N/A		Fluid content of each formation	Depth interval of each formation
			Size, kind, & depth of plugs used, giving amount cement. 1 1/2 sacks cement
SIZE PIPE N/A	PUT IN WELL (FT)	PULLED OUT (FT)	LEFT IN WELL (FT)
		GIVE DEPTH AND METHOD OF PARTING CASING (SHOT, RIPPED, ETC.)	
		PACKERS AND SHOES	
WAS WELL FILLED WITH MUD-LADEN FLUID?		INDICATE DEEPEST FORMATION CONTAINING FRESH WATER	
NAME AND ADDRESSES OF ADJACENT LEASE OPERATORS OR OWNERS OF THE SURFACE			
NAME		ADDRESS	
DIRECTION FROM THIS WELL			
N/A			
METHOD OF DISPOSAL OF MUD PIT CONTENTS N/A			
NOTE FILE THIS FORM IN DUPLICATE WITH (USE REVERSE SIDE FOR ADDITIONAL DETAIL)			
CERTIFICATE I, the undersigned, state that I am the partner of the Town Oil Co. (Company), and that I am authorized by said company to make this report; and that this report was prepared under my supervision and direction and that the facts stated therein are true, correct, and complete to the best of my knowledge.			
SIGNATURE Lester Town Oil Co. djb		DATE 1-19-96	